

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3			1			
4						
5		1				
6			1			
7						
8		1				
9			1			
10			1			
11			1			
12			1			
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND	DEP	IND	DEP
	IND	DEP	IND	DEP				
51								
52								
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TOTAL CLAIMS								